



AP/1648 *THU*

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/896,032
	Filing Date	June 29, 2001
	First Named Inventor	Christoph Seidel
	Art Unit	1648
	Examiner Name	T. M. Brown
Total Number of Pages in This Submission	Attorney Docket Number	HUBR 1067.3DIV (10105485)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Norman D. Hanson		
Date	June 13, 2005	Reg. No.	30,946



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PTO/SB/92 (09-04)  
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Application No. (if known): 09/896,032

Attorney Docket No.: NY-HUBR 1067-US3-DIV

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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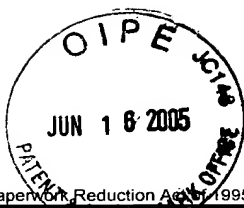
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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Notice of Appeal (1 page)  
Transmittal (1 page)  
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PTO/SB/17 (12-04v2)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> For FY 2005  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	09/896,032	
		Filing Date	June 29, 2001	
		First Named Inventor	Christoph Seidel	
		Examiner Name	T. M. Brown	
TOTAL AMOUNT OF PAYMENT (\$)		950.00	Art Unit	1648
			Attorney Docket No.	NY-HUBR 1067-US3-DIV

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account Deposit Account Number: 50-0624 Deposit Account Name: Fulbright & Jaworski L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
4      - 20 =      x      =

Multiple Dependent Claims  
Fee (\$)      Fee Paid (\$)

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
4      - 4 =      x      =

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
- 100 =      /50      (round up to a whole number) x      =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00
1401 Notice of appeal	500.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	30,946	Telephone	(212) 318-3168
Name (Print/Type)	Norman D. Hanson	Date	June 13, 2005		